U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Primary Health Care
Health Center Program

State and Regional Primary Care Associations (PCA) Cooperative Agreements for Alaska, Georgia, and Wyoming

Announcement Type: New, Competing Continuation
Announcement Number: HRSA-14-032

Catalog of Federal Domestic Assistance (CFDA) No. 93.129

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Phase 1: Application Due Date on Grants.gov: September 18, 2013
Phase 2: Supplemental Information Due Date on EHB: October 30, 2013

Ensure your SAM and Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.

Release Date: August 14, 2013
Issuance Date: August 14, 2013

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http://www.hrsa.gov/grants/apply/assistance/pca

Authority: Public Health Service Act, as amended, Title III, Section 330(l), (42 U.S.C 254b)

EXECUTIVE SUMMARY

This funding opportunity announcement (FOA) details the eligibility and program requirements, review criteria, and awarding factors for organizations seeking *State and Regional Primary Care Associations* (PCA) funding in fiscal year (FY) 2014 in the states of Alaska, Georgia, and Wyoming. All other states/regions have cooperative agreements in place through March 31, 2017. The Health Resources and Services Administration (HRSA) is seeking to establish cooperative agreements with state and regional organizations to provide training and technical assistance (T/TA) to potential and existing health centers. Existing health centers include Health Center Program grantees (e.g., section 330 grantees) and look-alikes. Potential health centers include organizations that seek to become section 330 grantees (e.g., community-based safety-net providers). Subject to the availability of appropriated funds, HRSA anticipates awarding approximately $2.5 million to establish three cooperative agreements for federal fiscal years 2014-2016 to organizations to serve Alaska, Georgia, or Wyoming.

Recipients of these cooperative agreements will conduct statewide/regional T/TA activities to assist potential and existing health centers in the identified state/region to meet Health Center Program requirements, improve organizational performance, and provide statewide/regional technical assistance. Applicants with no experience working with potential or existing health centers and community-based providers with similar missions will not be competitive. The T/TA requirements include:

1. **Statewide/Regional Health Center T/TA Activities**: Conduct statewide/regional health center T/TA activities based on the identified statewide/regional T/TA needs in the areas of Program Requirements and Performance Improvement.
2. **Statewide/Regional Program Assistance**: Conduct statewide/regional program assistance activities based on statewide/regional and/or HRSA/BPHC priorities.

Eligible Applicants: Eligible applicants include domestic public or private, non-profit or for-profit entities that can provide T/TA on a statewide/regional basis to community-based organizations in Alaska, Georgia, and Wyoming. Faith-based and community-based organizations, as well as tribes and tribal organizations, are eligible to apply for these funds. Applications may be submitted from new organizations or organizations currently receiving funding under section 330(l) of the Public Health Service (PHS) Act (42 USC 254b).

Cost Sharing/Matching: There is no cost sharing or matching requirement.

Project Period Start Date: April 1, 2014.

Application Submission: HRSA will use a two-phase submission process for PCA applications via Grants.gov and the HRSA Electronic Handbook (EHB). Refer to Tables 1-3 for a detailed description of materials to submit in each phase.

- **Phase 1 – Grants.gov Deadline:** September 18, 2013 at 11:59 PM ET
- **Phase 2 – EHB Deadline:** October 30, 2013 at 5:00 PM ET

Please Note: Applicants can only begin Phase 2 in HRSA EHB after Phase 1 in Grants.gov has been successfully completed by the assigned due date and HRSA has assigned the application a tracking number. Applicants will be notified by email when the application (1) has been successfully submitted in Grants.gov and (2) is ready within HRSA EHB for the completion of Phase 2. Email notification to begin Phase 2 will be sent on or around seven business days following successful submission of the required items in Grants.gov. It is imperative that applicants monitor their email accounts for any notification and/or error messages from Grants.gov and/or EHB. Applicants who do not complete Phase 1 will not be able to move to Phase 2 and will not be able to submit an application. Refer to the *HRSA Electronic Submission Guide* available at http://www.hrsa.gov/grants/apply/userguide.pdf for more details.

To ensure adequate time to follow procedures and successfully submit the application, HRSA recommends that applicants register immediately in Grants.gov and HRSA EHB, if they have not done so already. The registration process can take up to one month. For Grants.gov technical assistance, please refer to http://www.grants.gov or call the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding federal holidays) at 1-800-518-4726 for information on registering. **Applicants are strongly encouraged to register multiple authorizing organization representatives.**

For information on registering in HRSA EHB, please refer to http://www.hrsa.gov/grants/apply/userguide.pdf or call the HRSA Contact Center at 1-877-464-4772. If this registration process is not complete, you will be unable to submit an application. **HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available for providing the supplemental information in HRSA EHB.**

Application Contact: If you have questions regarding the FY 2014 PCA application or the review process described in this FOA, please contact Beth Levitz in the Bureau of Primary Health Care (BPHC), Office of Policy, and Program Development at bphcpca@hrsa.gov or 301-594-4300.

Technical Assistance (TA) Web Site: Please visit the PCA TA web site at http://www.hrsa.gov/grants/apply/assistance/pca for PCA-related information and resources. HRSA will hold a pre-application TA call for applicants seeking funding through this opportunity. This TA call will provide an overview and other information regarding this FOA and will include a question and answer session. Visit the web site above for the call details, Frequently Asked Questions (FAQs), sample documents, and additional resources.

Summary of Changes: HRSA has revised the PCA FOA to streamline and clarify the application instructions. The following changes should be noted:

- The project period may be up to three years. Project periods may be reduced during the review process based on application responsiveness and past performance.
- Current recipients of state/regional PCA cooperative agreement funding in the states of Alaska, Georgia, and Wyoming will report progress to date on their FY 2013 Project

Work Plans and propose a new Project Work Plan for FY 2014, using a separate structured work plan for each, in EHB.

- All Program Specific Forms and sample documents are available at the PCA technical assistance web site located at http://www.hrsa.gov/grants/apply/assistance/pca.
- Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

Table of Contents

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for *State and Regional Primary Care Associations (PCA) Cooperative Agreements* for three states only. The Health Resources and Services Administration (HRSA) seeks to establish cooperative agreements with state and regional organizations in Alaska, Georgia, and Wyoming to provide training and technical assistance (T/TA) to potential and existing section 330 health centers, including:

1. **Statewide/Regional Health Center T/TA Activities**: Conduct statewide/regional health center T/TA activities based on the identified statewide/regional T/TA needs in the following areas regardless of PCA membership:
   (a) Program Requirements: to improve compliance of existing health centers in the state/region with Health Center Program requirements; and
   (b) Performance Improvement: to strengthen clinical and financial performance and enhance the operations of existing health centers in the state/region.

2. **Statewide/Regional Program Assistance**: Conduct statewide/regional program assistance activities based on statewide/regional and/or HRSA/BPHC priorities regardless of PCA membership including:
   (a) Provide T/TA to all interested organizations seeking section 330 resources and how they can be used to meet community health needs;
   (b) Conduct T/TA needs assessment of existing health centers in the state/region with annual updates;
   (c) Develop T/TA strategies to address the unique health needs and barriers to care for Special Populations in the state/region including identifying a Special Populations Point of Contact, as appropriate;
   (d) Support collaboration and coordination among existing health centers and other safety-net providers to improve and expand access to services throughout the state/region;
   (e) Provide statewide or regional T/TA on emergency preparedness and response plans, including participation with regional, state, and local emergency planners;
   (f) Statewide/regional surveillance analysis of emerging primary care issues affecting health centers and their patients, including key state/regional regulatory and administrative activities; and
   (g) Conduct T/TA on implementation start up needs for newly funded health centers in the state/region (e.g., staff recruitment, billing numbers, site enrollments).

Subject to the availability of appropriated funds, HRSA anticipates awarding approximately $2.5 million annually to establish approximately three cooperative agreements (one each in Alaska, Georgia, and Wyoming) for federal fiscal years 2014-2016.

Program Overview
Based on an assessment of the T/TA needs of potential and existing health centers, broad examination of the statewide/regional need for additional primary care services for underserved, vulnerable, and disadvantaged populations, as well as an analysis of the health policy and marketplace conditions in the state/region, the PCA recipient organizations must identify and

engage in T/TA activities which support potential and existing health center programs and have a measurable and positive impact on the health of the underserved communities and/or vulnerable populations.

It is important that the successful PCA recipient organizations demonstrate an ability to respond quickly and in a coordinated fashion to the changes taking place in the health care environment, as well as with the health centers in the state/region. The PCA recipient organizations must collect and analyze data and information relative to key elements of national/state health policy, unmet need, marketplace conditions, special populations, and other key health indicators to guide current/future strategic PCA planning, developmental efforts, and work plan activities.

The PCA recipients must coordinate with HRSA to appropriately address the T/TA needs of potential and existing health centers. HRSA also encourages the PCA recipients to coordinate with other national organizations in the provision of T/TA for potential and existing health centers. It is expected that the PCA recipient organizations will utilize a broad decision-making process representing all health centers in determining the best use of HRSA funds and that program implementation will be representative of the diverse needs of health centers across the state/region.

Target Audience
Organizations in Alaska, Georgia, and Wyoming that receive PCA funding are expected to provide statewide/regional T/TA to existing and potential health centers, regardless of PCA membership or HRSA grant status. Existing health centers include Health Center Program grantees (e.g., section 330 grantees) and look-alikes. Potential health centers include organizations that seek to become section 330 grantees (e.g., community-based safety-net providers).

Organizational Attributes and Capabilities
Organizations that receive support through the PCA funding opportunity are expected to exhibit the following attributes and capabilities:

- Mission Oriented – Is interested in the viability of the health care safety-net and health centers across the state/region, and has a long-term mission and commitment to assuring access to comprehensive, culturally competent, quality primary health care services for underserved vulnerable populations.
- Maintain an Effective Infrastructure – Has adequate, appropriate, and effective infrastructure and capacity (i.e., systems, leadership, resources) to carry out cooperative agreement activities.
- Foster Collaboration – Is successful in forming collaborative linkages and developing relationships that strengthen the safety-net within the state/region. The organization fosters collaboration among a diverse membership, as well as other national safety-net providers with similar missions in order to strengthen and expand the safety-net.
- Capable of Assessing Need and Planning Accordingly – Has demonstrated the ability to assess needs/priorities and plan activities to address these issues effectively. As appropriate, these activities are undertaken collaboratively with other organizations.

Applicants with no experience working with potential or existing health centers and community-based providers with similar missions will not be competitive.

2. Background

This program is authorized by section 330(l) of the Public Health Service (PHS) Act, as amended, to issue grants, cooperative agreements, and contracts to provide necessary technical and non-financial assistance to potential and existing health centers.

Effective linkages with state/regional organizations are an essential part of HRSA's strategy to promote increased access to primary health care services and to foster partnership between federal, state, and local organizations. Because they work with safety-net providers throughout the state/region, PCAs are uniquely positioned to collaborate with other organizations to advance the goals of improving the health of underserved communities and vulnerable populations. The PCA cooperative agreements established by HRSA are designed to directly support existing and potential health centers.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the proposed project.

HRSA Program responsibilities shall include:
In addition to monitoring the federal investment and technical assistance provided under the cooperative agreement, federal responsibilities include, but are not limited to, the following:
- Collaborate with PCAs (within the first 60 days after award) on the review and approval of the final PCA work plan based on T/TA needs assessment and HRSA/BPHC priorities.
- Share leading T/TA practices and priorities with National Cooperative Agreements (NCA)/PCAs/HRSA.
- Monitor work plan activities through telephone meetings to assess progress and deliverables funded through the cooperative agreement.
- Attend and participate in appropriate meetings (e.g., state, national, committee).
- Coordinate with other HRSA Bureaus/Offices to develop synergies in program implementation.
- Provide assistance in coordinating activities with other federally funded cooperative agreements.

PCA Recipient Roles and Responsibilities:
A summary of required PCA T/TA focus areas and performance measures are provided below. The extent and type of focus areas should be based on statewide/regional health center needs. Applicants may identify additional focus areas beyond those identified in this list. To measure the statewide/regional impact of the T/TA activities, applicants must establish percentage goals for the end of the project period and monitor their progress toward achievement of the goals throughout the entire project period.

Requirement 1: Statewide/Regional Health Center T/TA Activities
Conduct statewide/regional T/TA activities based on the identified T/TA needs of existing health centers in the following areas: (a) Program Requirements to improve program compliance of existing health centers in the state/region and (b) Performance Improvement to strengthen the clinical and financial performance and enhance the operations of existing health centers in the state/region.
Note: Organizations may propose an appropriate statewide/regional T/TA activity based on previous knowledge or lessons learned over the past two to three years if a formal T/TA needs assessment has not been conducted within the past twelve months.

A. Program Requirements T/TA Focus Areas
PCAs are expected to assist existing health centers (e.g., section 330 grantees) and look-alikes in the state/region to meet Health Center Program Requirements. The Health Center Program Requirements are organized into four focus areas: (1) Need, (2) Services, (3) Management and Finance, and (4) Governance. PCAs must annually conduct activities under ***at least three*** statewide/regional Program Requirements T/TA focus areas from the list below. The selected T/TA focus areas must align with the identified needs from the state/region. Consistent with the requested funding level for the state/region, PCAs may also propose additional statewide/regional Program Requirement T/TA focus areas.

Performance Measure	**Program Requirements Goal**: Percentage of Health Center Program grantees with no program conditions on their Notice of Awards (NoAs).
	Note: Each applicant will establish a percentage goal for the end of the project period.
	Resource: http://bphc.hrsa.gov/about/requirements/index.html
A1	**Need:** Provide T/TA in the development and implementation of periodic community and/or population needs assessments focusing on overcoming access issues, minimizing barriers to care, and maximizing community collaboration.
A2	**Services**: Provide T/TA in the development and implementation of quality improvement/quality assurance (QI/QA) systems (e.g., appropriate risk management, medical malpractice including Federal Tort Claims Act (FTCA), credentialing, patient satisfaction, quality of care reporting). *(NOTE: excludes the UDS T/TA sessions hosted by PCAs.)*
A3	**Management and Finance**: Provide T/TA on fiscal operations/system requirements (e.g., billing systems, coding, Medicare and Medicaid, cost reports, budget tracking, financial reports, financial audits).
A4	**Management and Finance**: Provide T/TA on workforce recruitment and retention of health center staff (e.g., health center managers, providers/staff,

	board members).
A5	**Governance**: Provide T/TA on governance requirements for health centers (e.g., board authority, functions/responsibilities, composition, training, recruitment, evaluation tools).

B. Performance Improvement T/TA Focus Areas	
PCAs are expected to support the provision of high quality patient care and enhance the operations and clinical and financial performance of existing health centers in their state/region. The two required focus areas are listed below. PCAs must annually conduct statewide/regional Performance Improvement T/TA activities under each focus area. The selected T/TA activities must align with the identified needs of the state/region. Consistent with the requested funding level for the state/region, PCAs may also propose additional Performance Improvement T/TA focus areas.	

Performance Measures	**Clinical Performance Improvement Goal 1**: Percentage of Health Center Program grantees in the state/region that meet or exceed performance on one or more Healthy People 2020 performance measure goal(s).
	Clinical Performance Improvement Goal 2: Percentage of Health Center Program grantees in the state with Patient-Centered Medical Home (PCMH) recognition.
	Note: Each applicant will establish percentage goals for the end of the project period.
	Resources:
	- http://bphc.hrsa.gov/policiesregulations/performancemeasures/index.html
	- http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx
B1	**Clinical Performance Measures:** Provide T/TA to Health Center Program grantees on how to improve clinical performance on one or more clinical performance measures (e.g., outreach/quality of care and health outcomes/disparities).
Performance Measures	**Financial Performance Improvement Goal 1**: Percentage of Health Center Program grantees with cost per patient increase less than national average.
	Financial Performance Improvement Goal 2: Percentage of Health Center Program grantees without going concern issues on their audits.
	Note: Each applicant will establish percentage goals for the end of the project period.
	Resources:
	- http://bphc.hrsa.gov/policiesregulations/performancemeasures/index.html
	- http://www.cms.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage

B2	**Financial Performance Measures**: Provide T/TA to Health Center Program grantees to improve financial performance on one or more financial performance measures (e.g., costs/financial viability).

Requirement 2: Statewide/Regional Program Assistance	
PCAs are expected to conduct statewide/regional program assistance activities based on statewide/regional and/or national priorities. PCAs must annually conduct activities under **ALL** statewide/regional Program Assistance T/TA focus areas listed below. Consistent with the requested funding level for the state/region, PCAs may also propose additional Program Assistance T/TA focus areas.	
C1	**Information on Available Resources:** Provide T/TA to **all** interested organizations seeking, regardless of PCA membership or grant status, section 330 resources and how they can be used to meet community health needs.
C2	**T/TA Needs Assessment:** Conduct T/TA needs assessment of existing health centers in the state/region with annual updates.
C3	**Special Populations:** Develop strategies for addressing the unique health needs and barriers to care for Special Populations in the state/region, including identifying a Special Populations Point of Contact, as appropriate.
C4	**Collaboration**: Support collaboration and coordination among existing health centers and other safety-net providers seeking to improve and expand access to services throughout the state/region.
C5	**Emergency Preparedness:** Provide statewide or regional T/TA on emergency preparedness and response plans, including participation with regional, state, and local emergency planners.
C6	**Statewide/Regional Surveillance Analysis:** Conduct statewide/regional surveillance analysis on emerging primary care issues affecting health centers and their patients, including key regional and state regulatory and administrative activities.
C7	**Newly Funded Health Centers:** Conduct T/TA on implementation start up needs for newly funded health centers in the state/region (e.g., staff recruitment, billing numbers, site enrollments).

In addition, the cooperative agreement recipient shall:
- Collaborate with HRSA on the development, coordination, and implementation of the proposed work plan activities funded through the cooperative agreement.
- Consult and schedule periodic meetings with their Project Officer on the development and implementation of their work plan.

- Engage in ongoing negotiations with HRSA to update existing work plans at least annually, and, as needed, integrate new priorities during the funding period (e.g., through quarterly calls, strategy discussion calls).
- Utilize HRSA program reports (e.g., UDS reports, program requirement reports, annual PCA satisfaction survey results) and relevant statutory, regulatory, and policy issuances to assist in identifying key T/TA issues and activities to assist health center grantees and other safety-net providers to address such issues.
- Provide written documents whose creation or publication is supported with HRSA funds to HRSA for review/clearance prior to their issuance.

2. Summary of Funding

Subject to the availability of appropriated funds, HRSA anticipates awarding approximately $2.5 million annually to establish approximately three cooperative agreements (one each in Alaska, Georgia, and Wyoming) for federal fiscal years 2014-2016. The project period is three years. Funding beyond the first year is dependent on the availability of appropriated funds for State and Regional Primary Care Associations in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for-profit entities that can provide T/TA on a statewide/regional basis to community-based organizations in Alaska, Georgia, or Wyoming. Faith-based and community-based organizations, as well as tribes and tribal organizations, are eligible to apply for these funds. Applications may be submitted from new organizations or organizations currently receiving funding under section 330(l) of the PHS Act.

2. Cost Sharing/Matching

There is no cost sharing or matching requirement for this funding opportunity.

3. Other

It is expected that the request for federal support will not exceed the annual level of federal section 330 funding that is currently provided to the state or region. This applies to any year of the proposed project period. Applicants can obtain information on the annual level of federal section 330 funding by contacting Beth Levitz (see Section VII: Agency Contacts).

Applicants with no experience working with potential or existing health centers and community-based providers with similar missions will not be competitive.

Applications that request PCA funds during any year of the project period that exceed the current annual level of federal section 330 funding for the state or region will be considered non-responsive and will not be considered under this announcement.

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through http://www.grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance of the deadline by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the email request: the HRSA announcement number (HRSA-14-032); the organization's DUNS number; the name, address, and telephone number of the organization; the name and telephone number of the Project Director; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission (if any); and a copy of the "Rejected with Errors" notification as received from Grants.gov (if any). HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline.

Suggestion: Submit the application to Grants.gov at least two days before the deadline to allow for unforeseen circumstances.

IMPORTANT NOTICE: CCR moved to SAM effective July 30, 2012

Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012. For any registrations in process during the transition period, data submitted to CCR migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR extended the expiration date by 90 days. The registrant received an email notification from CCR when the expiration date was extended. The registrant then received standard email reminders to update their record based on the new expiration date. Future email notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Organizations will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

**Active SAM registration is a pre-requisite to the
successful submission of grant applications!**

Items to consider are:
- When does the account expire?
- Does the organization need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit https://www.sam.gov.

*Note***: SAM information must be updated at least every 12 months to remain active** (for both grantees and subrecipients).

Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to update your registration in SAM. According to the SAM Quick Start Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, *check for active registration well before the application deadline.*

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

Applicants are responsible for reading the instructions included in the *HRSA Electronic Submission User Guide* (User Guide)*,* available online at http://www.hrsa.gov/grants/apply/userguide.pdf. This guide includes application and submission instructions for Grants.gov. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process. According to the User Guide*,* applicants should submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier) and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes.

Applicants are also responsible for reading the *Grants.gov Applicant User Guide*, available online at http://www.grants.gov/applicants/app_help_reso.jsp - guides. This guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in these guides and this FOA, in conjunction with application form SF-424. The form contains additional general information and instructions for applications. The forms and instructions may be obtained by:

1) Downloading from http://www.grants.gov or

2) Contacting HRSA Digital Services Operation (DSO) at HRSADSO@hrsa.gov

Each HRSA funding opportunity contains a unique set of forms, and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany application form SF-424 appear in the Application Format Requirements section below.

2. Content and Form of Application Submission

Application Submission
Before an applicant can register in Grants.gov, the organization must be registered in the System for Award Management (SAM) (formerly CCR). See Section IV for details.

Registration and Phase 1 of the application process in Grants.gov is required. As **registration may take up to a month**, start the process as soon as possible. If the registration process is not completed, an application cannot be submitted. HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available for providing the remainder of the application information in HRSA EHB. Visit http://www.grants.gov/applicants/get_registered.jsp or contact the Grants.gov Contact Center at 1-800-518-4726 or support@grants.gov for technical assistance on the registration process. See Section IV for details.

Registration and Phase 2 of the application process in HRSA EHB is required. For information on registering in HRSA EHB, refer to http://www.hrsa.gov/grants/apply/userguide.pdf. Applicants will be able to access EHB approximately seven business days following completing Grants.gov and receipt of a Grants.gov tracking number. **The Authorizing Official (AO) must complete submission of the application in EHB.** Visit http://www.hrsa.gov/grants/apply or contact the HRSA Contact Center Monday through Friday, 9:00 AM to 5:30 PM ET (excluding federal holidays) at 877-464-4772 or CallCenter@hrsa.gov for technical assistance on the EHB registration process.

Application Contacts
If you have questions regarding the FY 2014 PCA application and/or the review process described in this FOA, refer to Section VII to determine the appropriate agency contact.

Application Format Requirements
The total size of all uploaded files may not exceed the equivalent of 80 pages (10 MB) when printed by HRSA. See the following tables for information about the application components included in the page limit. **HRSA strongly encourages you to print your application to ensure it does not exceed the 80-page limit.** Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *HRSA Electronic Submission User Guide* referenced above.

Applications must be complete, within the 80-page (10 MB) limit, and submitted prior to the Grants.gov and EHB deadlines to be considered under this announcement.

Application Format
The following tables detail the documents required for this funding opportunity and the order in which they must be submitted. In the Form Type column of Tables 1-3, the word "Form" refers to

electronic forms that need to be downloaded, completed offline, and uploaded. The word "E-Form" refers to electronic forms that are completed online in EHB and therefore do not require downloading or uploading. The word "Attachment" refers to materials that must be uploaded by the applicant.

Applications for funding must consist of the following documents in order:

Table 1: Step 1 – Submission through Grants.Gov
http://www.grants.gov

> - It is mandatory to follow these instructions to ensure that your application can be printed efficiently and consistently for review.
> - Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered.
> - Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB approved form pages.
> - For electronic submissions, no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
> - Limit file attachment names to 50 characters or less. Do not use special characters (e.g., %, /, #) or spacing in the file name. An underscore (_) may be used to separate words in a file name. Attachments will be rejected by Grants.gov if special characters are included or if file names exceed 50 characters.
> - The Other Attachments Form (listed as an Optional Document in Grants.gov) is not required and should NOT be submitted.

Application Section	Form Type	Instruction	Counted in Page Limit (Y/N)
Application for Federal Assistance (SF-424) (required)	Form	Complete pages 1, 2, & 3 of the SF-424. See instructions in Section IV.2.i	N
Project Summary/Abstract (required)	Attachment	Type the title of the funding opportunity and upload the project abstract on page 2, Box 15 of the SF-424. See instructions in Section IV.2.viii.	Y
Additional Congressional Districts (as applicable)	Attachment	Upload a list of additional Congressional Districts served by the project if all districts served will not fit in page 3, box 16b of the SF-424.	Y
Project/Performance Site Location(s) (required)	Form	Provide **only** the administrative site of record.	N
Grants.gov Lobbying Form (required)	Form	Provide the requested contact information at the bottom of the form.	N
SF-424B Assurances for Non-Construction Programs (required)	Form	Complete the form electronically online as instructed.	N
Disclosure of Lobbying Activities (SF-LLL) (as applicable)	Form	Complete the form only if lobbying activities are conducted.	N

Within seven business days following successful submission of the required items in Grants.gov, you will be notified by HRSA confirming the successful receipt of your application and requiring the Project Director and Authorizing Official to submit additional information in HRSA EHB. Your application will not be considered complete unless you review and validate the information submitted through Grants.gov and submit the additional required portions of the application required through HRSA EHB.

Table 2: Step 2 – Submission through HRSA EHB

https://grants.hrsa.gov/webexternal

- It is mandatory to follow these instructions to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB approved form pages.
- Limit file names for documents to 100 characters or less. Documents will be rejected by EHB if file names exceed 100 characters.
- If the attachments marked "required for completeness" are not uploaded, the application will be considered incomplete and non-responsive, thereby making it ineligible. Ineligible applications will not proceed to Objective Review.

Section	Required for Completeness (C) / Review (R)	Form Type	Instruction	Counted in Page Limit (Y/N)
Program Narrative	C	Attachment	Upload the Program Narrative document in the Program Narrative E-Form. See instructions in Section IV.2.ix. The Program Narrative must contain the following sections for the application to be considered complete: Need, Response, Collaboration, Evaluative Measures/Impact, Resources/Capabilities, and Support Requested.	Y
SF-424A Budget Information Non-Construction Programs	C	E-Form	Complete Sections A and B. Complete Section F if applicable. See instructions in Section IV.2.iii.	N
Budget Justification	C	Attachment	Upload a three-year Budget Justification. Refer to the PCA TA web site for a sample Budget Justification. See instructions in Section IV.2.iv. Please note that applications with only minimal information presented in the Budget Justification may not be competitive.	Y
Program Specific Forms	C	E-Form	Form 1A: General Information Worksheet, FY 2013 Project Work Plan Progress Report and the FY 2104 Project Work Plan will be completed within HRSA EHB. Refer to Appendix A and Appendix B for further details. A sample Project Work Plan is available at	N

			http://www.hrsa.gov/grants/apply/assistance/pca.	
Attachments 1-6	varies	Attachments	See Table 3.	Y

Table 3: Step 2 (continued): Submission through HRSA EHB
https://grants.hrsa.gov/webexternal/home.asp

Attachments

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB approved form pages.
- Merge similar documents (e.g., Letters of Support) into a single document. Add a table of contents page specific to the attachment.
- Limit file names for documents to 100 characters or less. Documents will be rejected by EHB if file names exceed 100 characters.
- If the attachments marked "required for completeness" are not uploaded, the application will be considered incomplete and non-responsive, thereby making it ineligible. Ineligible applications will not proceed to Objective Review.
- If the attachments marked "required for review" are not uploaded, the application's Objective Review score may be negatively impacted.

Attachments	Required for Completeness (C) / Review (R)	Form Type	Instruction	Counted in Page Limit (Y/N)
Attachment 1: Staffing Plan (required)	R	Attachment	Upload a brief narrative and/or table that identifies all personnel who will be supported under the HRSA PCA cooperative agreement. The staffing plan is a presentation and justification of all staff required to execute the project, education and experience qualifications, and rationale for the amount of time being requested for each position. See instructions in Section IV.2.v. Refer to the PCA TA web site for a sample Staffing Plan.	Y
Attachment 2: Position Descriptions for Key Personnel (required)	R	Attachment	Upload position descriptions for key personnel (e.g., Chief Executive Officer, Chief Financial Officer, Chief Information Officer, Chief Operating Officer, Program Leads) to be supported under the HRSA PCA cooperative agreement. Each position description should be limited to **one page** or less and must include at a minimum, the position title, description of responsibilities, and position qualifications. Indicate if any of the positions are currently vacant.	Y

Attachments	Required for Completeness (C) / Review (R)	Form Type	Instruction	Counted in Page Limit (Y/N)
Attachment 3: Biographical Sketches for Key Personnel (required)	R	Attachment	Upload biographical sketches for individuals occupying the positions described in the Position Descriptions for Key Personnel (Attachment 2). Each biographical sketch should not exceed **two** pages in length. In the event that the identified individual is not yet hired, include a letter of commitment from that person along with the biographical sketch.	Y
Attachment 4: Letters of Support (required)	R	Attachment	Provide evidence of proposed collaborations by providing letters of support, commitment, and/or investment that reference the specific collaboration and/or coordinated activities in support of the proposed project. Include only signed and dated letters of support that specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment).	Y
Attachment 5: Summary of Contracts and Agreements (as applicable)	R	Attachment	Applicants with current or proposed project-related agreements [contract or Memorandum of Understanding (MOU)/Agreement (MOA)] must upload a BRIEF SUMMARY describing these agreements. The summary should address the following items for each agreement: • Name and contact information for each affiliated agency; • Type of agreement (e.g., contract, affiliation agreement); • Brief description of the purpose and scope of the agreement (i.e., type of services provided, how/where these are provided); and • Timeframe for the agreement/contract. *As a reminder, applicants must exercise appropriate oversight and authority over all contracted services, and procurement contracts must comply with 45 CFR Part 74 or 45 CFR Part 92.*	Y
Attachment 6: Other Relevant Documents (as applicable)	R	Attachment	Include any other documents relevant to the project (e.g., survey instruments, needs assessment reports, organizational chart). A maximum of three documents may be uploaded. To upload more than three documents, merge multiple documents into a single file.	Y

Application Preparation

The PCA technical assistance web site (http://www.hrsa.gov/grants/apply/assistance/pca) provides essential resources for application preparation.

Only materials included with an application submitted by the announced deadlines will be considered. Supplemental materials submitted after the application deadlines and letters of support sent directly to HHS, HRSA, or BPHC, will **not** be added to an application for consideration by the Objective Review Committee.

Application Format

i.   *Application for Federal Assistance*

In Grants.gov, complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself (mouse over fields for specific instructions) and the following guidelines:

- *Box 2: Type of Applicant:* Select New (new applicants) or Continuation (current awardees).
- *Box 4: Applicant Identifier:* Leave blank.
- *Box 5a: Federal Entity Identifier:* Leave blank.
- *Box 5b: Federal Award Identifier:* 10-digit grant number (U58…) found in box 4b from the most recent Notice of Award (NoA) for current section 330(l) grantees. New applicants should leave this blank.
- *Box 8c: Organizational DUNS:* Applicant organization's DUNS number (see below).
- *Box 8f: Name and contact information of person to be contacted on matters involving this application:* Provide contact information of Project Director. If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required.
- *Box 11: Catalog of Federal Domestic Assistance Number:* 93.129
- *Box 14: Areas Affected by Project:* Provide a broad summary of the areas served. Specify the state or region. If information will not fit in the box provided, attach a Word document. This document will count toward the page limit.
- *Box 15: Descriptive Title of Applicant's Project:* Type the title of the FOA (State and Regional Primary Care Associations) and upload the project abstract. The abstract will count toward the page limit.
- *Box 16: Congressional Districts:* Provide the Congressional District where the administrative office is located in 16a and the Congressional Districts to be served by the proposed project in 16b. If information will not fit in the boxes provided, attach a Word document. This document will count toward the page limit.
- *Box 17: Proposed Project Start and End Date:* Provide the start and end dates for the proposed project period (4/1/14 – 3/31/17).
- *Box 18: Estimated Funding:* Complete the required information based on the funding request for the first year of the project period. This information must be consistent with the total provided in the SF-424A: Budget Information – Non-Construction Programs.
- *Box 19: Review by State:* See Section IV.4 for guidance in determining applicability.

- *Box 21: Authorized Representative:* The electronic signature in Grants.gov (created when the Grants.gov forms are submitted) is the official signature when applying for a PCA cooperative agreement. The form should NOT be printed, signed, and mailed to HRSA.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a unique nine-character identification number provided by the commercial company Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found by visiting http://fedgov.dnb.com/webform or calling 1-866-705-5711. Applications *will not* be reviewed without a DUNS number.

Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, applicant organizations (and subrecipients of HRSA award funds) are required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award from, or an application under consideration, by HRSA. It is extremely important to verify that the applicant organization's SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at https://www.sam.gov. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

ii.   *Table of Contents*

The application should be presented in the order shown in Tables 1-3. For electronic applications, no table of contents is necessary, as it will be generated by the system.

iii.   *Budget*

Complete Standard Form 424A: Budget Information – Non-Construction Programs provided with the application package. Complete Sections A, B, and F (if applicable), and then provide a line item budget for each year of the project period via a Budget Justification attachment. The budget must be based upon the current level of support for the state/region. Current awardees applying to continue serving Alaska, Georgia, or Wyoming should reference Line 13 on the most recent Notice of Award (NoA). All budget amounts must be rounded to the nearest whole dollar. *Note: PCA applications should include only information regarding the activities to be supported with federal funding under the HRSA PCA cooperative agreement.*

Below are the guidelines for completing the SF-424A:

Section A – Budget Summary: Use rows 1 - 3 to provide the budget amounts for each year of the three-year project period. Enter the amounts in the "New or Revised Budget" column. Do not provide information on non-federal sources of funding (i.e., leave "column d" blank).

Section B – Budget Categories: Provide the object class category breakdown for the annual amounts specified in Section A. Use column (1) to provide category amounts for Year 1, and use columns (2) and (3) for budget years 2 and 3. Each line represents a distinct object class category that must be addressed in the Budget Justification.

Section F – Other Budget Information (if applicable):
Line 21: Explain amounts for individual direct object class categories that may appear to be out of the ordinary.
Line 22: Enter the type of indirect rate (provisional, predetermined, final, or fixed) that will be in effect during the project period, the estimated amount of the base to which the rate is applied, and the total indirect expense.
Line 23: Provide other explanations as necessary.

Salary Limitation:
The Consolidated and Further Continuing Appropriations Act, 2013 (P.L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (P.L. 112-74). The law limits the salary amount that may be awarded and charged to HRSA cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which is currently $179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA cooperative agreement.

Example of Application of this Limitation
If an individual's base salary is $225,000 per year, plus fringe benefits of 25 percent ($56,250), and that individual is devoting 50 percent of his/her time to this award, the base salary must be adjusted to $179,700 plus fringe benefits of 25 percent ($44,925) when calculating what may be charged to the PCA cooperative agreement. This results in a total of $112,312 that may be included in the project budget and charged to the award in salary/fringe benefits for this individual. See the breakdown below:

Table 4: Actual versus Claimed Salary

Current Actual Salary	
Individual's actual base full time salary: $225,000 (50% of time will be devoted to project)	
Direct Salary	$112,500
Fringe (25% of salary)	$ 28,125
Total	$140,625
Amount of Actual Salary Eligible to be Claimed on the Application Budget due to the Legislative Salary Limitation	
Individual's base full time salary adjusted to Executive Level II: $179,700 (50% of time will be devoted to the project)	
Direct Salary	$ 89,850
Fringe (25% of salary)	$ 22,462
Total	$112,312

iv.   *Budget Justification*

Provide a justification in HRSA EHB that explains the amounts requested for each line in the budget. The Budget Justification should specifically describe how each item will support the achievement of proposed objectives for ONE year. Applicants must submit a one-year budget for each year of the three-year project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A budget form. Be very careful about showing how each item in the Other category is justified. For subsequent budget years, the justification narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive budget changes during the project period. The Budget Justification MUST be concise. Do NOT use the justification to expand the program narrative. **The Budget Justification must clearly describe each cost element and explain how each cost contributes to meeting the project's goals/objectives.** A sample Budget Justification is provided at the PCA TA web site.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three years from organizations proposing to serve Alaska, Georgia, or Wyoming. Awards, on a competitive basis, will be for a one-year budget period, although the project period may be for up to three years. Project period durations will be determined by application responsiveness during the review process. Submission and HRSA approval of Progress Report(s) and any other required submissions or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal government.

Include the following in the Budget Justification:

> *Personnel Costs*: Personnel costs must be explained by listing each staff member who will be supported by federal cooperative agreement funds, name (if possible), position title, percent full time equivalency (FTE), and annual salary. **Salary Limitation**: HRSA funds may not be used to pay the salary of an individual at a rate in excess of $179,700 (the Executive Level II salary of the Federal Executive Pay Scale). Reasonableness and allowability regulations continue to remain in effect.

> *Fringe Benefits*: List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). The fringe benefits must be directly proportional to the portion of personnel costs allocated for the project. If an individual's base salary exceeds the legislative salary limitation, adjust fringe accordingly.

> *Travel*: List travel costs categorized by local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff/board members completing the travel must be outlined. The budget must also reflect travel expenses associated with participating in proposed meetings, trainings, or workshops.

Equipment: Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures).

Contracts: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each awardee is responsible for ensuring that its organization/institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts consistent with the federal procurement standards set forth in 45 CFR Part 74: Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92: Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and tribal Governments, as appropriate. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

Construction: Construction costs are unallowable and must not be included.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to organizational operation (e.g., the cost of operating and maintaining facilities, depreciation, administrative salaries). Indirect costs may only be claimed if the recipient provides documentation of an approved indirect cost rate. If an organization does not have an approved indirect cost rate, one may be obtained through the HHS Division of Cost Allocation (DCA). Visit https://rates.psc.gov to learn more about rate agreements, including the process for applying for them. **Note: If your organization claims indirect costs in your budget, you must provide a copy of your most recent indirect cost rate agreement in Attachment 6.**

v. *Staffing Plan and Personnel Requirements*

Applicants must present a Staffing Plan in Attachment 1 and provide a justification for the plan that includes information such as education and experience, qualifications, and rationale for the time requested for each staff position.

Include the following elements in the staffing plan:
- Position Title (e.g., Chief Executive Officer)
- Staff Name (If the individual has yet to be identified, indicate "To Be Determined" or "TBD".)

- Education/Experience Qualifications (e.g., masters, bachelors)
- General Responsibilities (e.g., responsible for the day-to-day operation of PCA, provide oversight and direction for T/TA activities, represent PCA in collaborative relationships)
- Rationale for the amount of time requested for each position (Indicate the projected amount of Full Time Equivalent (FTE) for staff involvement.)

A staffing plan template is available at the PCA TA web site.

Position descriptions that include the roles, responsibilities, and qualifications of proposed key personnel (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Program Leads) must be included in Attachment 2: Position Descriptions for Key Personnel. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3: Biographical Sketches for Key Personnel. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi.   Assurances

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

vii.   Certifications

In Grants.gov, complete the SF-LLL: Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

viii.   Project Abstract

Provide a summary of the application that includes a brief description of the proposed project including the needs to be addressed, proposed services, and population group(s) to be served. The abstract is often distributed to provide information to the public and Congress. Please ensure that it is clear, accurate, concise, and without reference to other parts of the application. The project abstract must be single-spaced and limited to one page in length.

Please place the following at the top of the abstract:
- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers
- Email Address
- Web Site Address, if applicable

ix.   Program Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. *The narrative should only describe information regarding the activities to be*

supported under the HRSA PCA cooperative agreement. It should be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project. Throughout the Program Narrative, refer to attachments as needed, however, do not reference attachments in lieu of providing required narrative information. The program narrative will be included in the page count limit.

Applicants must use the following section headers for the narrative:

NEED
Information provided on need will serve as the basis for, and must align with, the proposed goals and T/TA activities described in the Project Work Plan.

1) Describe the statewide/regional T/TA needs based on a current (or previous) T/TA needs assessment, as well as related Health Center Program reports (e.g., UDS reports, program requirement reports, annual PCA satisfaction survey results).

2) Describe short-term T/TA needs, as well as long-term T/TA needs of the state/region in the next three years. Short-term applies to the first 12 months and long-term refers to the remaining two years of the project period.

3) Identify gaps in primary health care services, health policies, barriers to health care access, and marketplace conditions that negatively impact the underserved and vulnerable populations in the state/region. Provide a detailed description of the following:
    a. The health care environment (i.e., changes in insurance coverage, including Medicaid, Medicare, CHIP, and ACA Health Insurance Marketplaces; broad changes in state/local/private uncompensated care programs);
    b. The economic or demographic environment of the state/region (e.g., influx of new populations; closing of local hospitals, community health care providers, or major local employers; major emergencies such as hurricanes, flooding); and
    c. The unique impact on special populations served in the state/region.

RESPONSE
The Project Work Plan should address ONLY activities to be supported under the HRSA PCA cooperative agreement. The applicant **must** submit a Project Work Plan for the first year, or budget period, within the requested project period (three years).

1) Complete the structured Project Work Plan in the HRSA EHB system. Please refer to Appendix B for instructions to complete the Project Work Plan. A sample is available at the PCA TA web site.

2) Describe how the activities detailed in the 12-month Project Work Plan are consistent with the needs assessment section of the application and will address the immediate T/TA needs for the focus areas for the three-year project period. The extent and type of activities must be consistent with the statewide/regional health center T/TA needs and appropriate for the long-term three-year project period.

3) Identify anticipated internal and external challenges in implementing the activities described in the proposed work plan and approaches that will be used to overcome these challenges.

4) Discuss how the proposed T/TA activities (e.g., educational sessions, publications, webcasts) will be made available and accessible (e.g., cost, location) to existing health centers across the state/region, regardless of PCA membership.

   *NOTE: Any T/TA activity for which PCAs use HRSA funds must be made available to **all** existing health centers (i.e., Health Center Program grantees and look-alikes) within the state/region, regardless of PCA membership. It will be a violation of the grant award if PCAs refuse to work with an existing health center (i.e., section 330 funded and/or look-alike).*

5) Describe a strategy to address the unique T/TA needs of health centers receiving/seeking special populations funding (i.e., section 330(g) migratory and seasonal agricultural workers, section 330(h) health care for the homeless, and section 330(i) residents of public housing) and newly funded health centers (e.g., New Access Point New Starts).

COLLABORATION
   1) Describe both formal and informal collaboration and coordination with other HRSA supported providers of T/TA (e.g., National Cooperative Agreement awardees, Primary Care Offices) and other state-based organizations (e.g., State Quality Improvement Organizations, Regional Extension Centers, State Offices of Rural Health, medical associations,) in an effort to:
      a. Maximize the effectiveness and impact of T/TA activities;
      b. Form linkages among a diverse membership to strengthen the safety-net within the state/region; and
      c. Assure access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

   2) Describe efforts to maximize support from organizations across the state/region/nation that share similar missions and commitments to the underserved and integrate key stakeholders into organizational decision-making.

   3) Provide evidence of proposed collaborations through letters of support, commitment, and/or investment that reference the specific collaboration and/or coordinated activities in support of the project's operation and provision of T/TA services.

EVALUATIVE MEASURES/ IMPACT
Method(s), techniques, systems, and tools that you will use to determine whether the proposed project is achieving its anticipated goals and expected outcomes must be presented. (Refer to the PCA Recipient Roles and Responsibilities in Section II for a list of required T/TA focus areas and performance measures.)

   1) Describe the plan for evaluating T/TA activities, including how the organization will monitor and measure progress towards goals and expected outcomes. Identify and

describe valid and reliable data sources and how the evaluation results will be used to improve program performance.

2) Describe a strategy for dissemination of project results and/or the extent to which project results may be statewide/regional in scope, the degree to which the project activities are replicable, and the sustainability of the T/TA impact beyond the federal funding.

RESOURCES/ CAPABILITIES

1) Discuss why the applicant organization is an appropriate entity to receive funding by demonstrating its experience and expertise in:
   a. Coordinating and providing health center T/TA activities of similar scope through past performance/accomplishments and/or lessons learned over the past two to three years.
   b. Identifying and responding rapidly to changes in the health care environment and within health centers in the state/region.
   c. Mobilizing resources across the state/region/nation to assure access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

2) Describe why the organizational structure, including any contracts, is appropriate for the operational and oversight needs of the project. Please be aware that all PCA recipients and contractors are subject to the HHS grant requirements set forth in 45 CFR Part 74 as applicable.
   a. In Attachment 5, provide a brief summary of the affiliated agencies, type of agreements (e.g., contract, affiliation agreement), and purpose and scope of the agreements (i.e., type of services provided, how/where these are provided) in support of the T/TA delivery plan.
   b. Describe how the proposed Staffing Plan (Attachment 1) is appropriate for the projected number of T/TA activities to be provided during the project period, as well as a plan for recruiting and retaining staff as appropriate for achieving the proposed staffing plan.
   c. Discuss appropriate financial management and control policies and procedures.

3) Describe and discuss a plan to regularly solicit input and respond to the unique needs of the existing (and potential) health centers across the state/region.
   a. Discuss how the organization plans to collect and analyze data and information relative to key elements of national/state health policy, unmet need, marketplace conditions, special populations, and other key health indicators to guide current/future strategic PCA planning, development efforts, and work plan activities.
   b. Describe the array of stakeholders served by the organization and how the organization's decision-making process includes and reflects various stakeholder issues and priorities.

4) If applicable, applicant organizations who are not currently receiving section 330(l) funding MUST demonstrate that the timeline for T/TA delivery is reasonable to assure that within 30 days of award the applicant will:
   a. Have appropriate staff in place; and
   b. Deliver T/TA services at the same or comparable level as is presently provided throughout the state/region.

SUPPORT REQUESTED
The budget presentation, comprised of the SF-424A and Budget Justification, must be reasonable and align with the T/TA proposed and Staffing Plan.

x. *Program Specific Forms*

Program Specific Forms include the Project Work Plan and Form 1A. Refer to Appendices A and B of this funding opportunity announcement for instructions on how to complete and submit these Program Specific Forms within HRSA EHB.

xi. *Attachments*

Refer to Table 3 for a list of required and optional attachments. Please note that these are supplementary in nature, and are not intended to be a continuation of the Program Narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled**.

3. Submission Dates and Times

Application Due Dates
The due date for applications under this funding opportunity announcement is **September 18, 2013 at 11:59 PM ET in Grants.gov and October 30, 2013 at 5:00 PM ET in HRSA EHB.** Applications completed online are considered formally submitted when (1) the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time; and (2) the AO has submitted the additional information in the HRSA EHB on or before the deadline date and time.

Receipt Acknowledgement
Upon receipt of an application, Grants.gov will send a series of email messages regarding the progress of the application through the system.

1. The first will confirm receipt in the system.
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors.
3. The third will be sent when the application has been successfully downloaded at HRSA.
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The applicant will receive an "Application Successfully Transmitted to HRSA" message in HRSA EHB upon successful application submission within the EHB system.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods, hurricanes) or other service disruptions such as prolonged blackout. The CGMO or designee will determine the affected geographic area(s). For more details, refer to HRSA Electronic Submission User Guide at http://www.hrsa.gov/grants/apply/userguide.pdf.

Late applications: Applications which do not meet the criteria above are considered late and will not be considered for funding.

4. Intergovernmental Review

The PCA is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100. Executive Order 12372 allows states the option of setting up a system for reviewing applications from within their states for assistance under certain federal programs. Information on states affected by this program and State Points of Contact (SPOC) may be obtained from the following web site: http://www.whitehouse.gov/omb/grants_spoc.

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the state's process used under this Executive Order. For proposed projects serving more than one state, the applicant is advised to contact the SPOC of each affected state.

Letters from the SPOC in response to Executive Order 12372 are due sixty days after the application due date. Letters should be sent electronically to the points of contact listed in Section VII.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three years, at no more than the annual level of federal section 330(l) funding that is currently provided to serve the state of Alaska, Georgia or Wyoming. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

Funds under this announcement may not be used for the following purposes:
- Construction/renovation of facilities;
- Activities not approved under this cooperative agreement;
- Reserve requirements for state insurance licensure; and/or
- Support for lobbying/advocacy efforts.
- Conference costs (see the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html#.UgFqXxbrGrU)

Salary Limitation: The Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated

Appropriations Act, 2012 (P.L. 112-74). The law limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which is currently $179,700. This amount reflects an individual's base salary <u>exclusive</u> of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA cooperative agreement.

Per Division F, Title II, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6): (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any state or local legislature or legislative body, except in presentation to the Congress or any state or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government, except in presentation to the executive branch of any state or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title II, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in [Section IV.1](#), except in very rare cases, HRSA will no longer accept applications in paper form. Applicants are *required* to submit *electronically* through Grants.gov and HRSA EHB.

Grants.gov
To submit an application electronically, use the APPLY FOR GRANTS section at
http://www.grants.gov. When using Grants.gov, download a copy of the application package, complete it off-line, and then upload and submit the application via Grants.gov.

It is essential that each organization *immediately register* in Grants.gov and become familiar with the Grants.gov application process. The registration process must be complete in order to submit an application. The registration process can take up to one month. To successfully register in Grants.gov, complete all of the following required actions:
- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with the System for Award Management (SAM) – see [Section IV.1](#) for SAM details
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM Marketing Partner ID Number (M-PIN) password
- Register and approve at least one Authorized Organization Representative (AOR) – HRSA recommends registering multiple AORs
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials, and FAQs are available on the Grants.gov web site at http://www.grants.gov/applicants/app_help_reso.jsp. Assistance is also available from the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding federal holidays) at support@grants.gov or 1-800-518-4726 (International callers, please dial 606-545-5035). Applicants must ensure that all passwords and registrations are current well in advance of the deadline.

HRSA EHB
To submit the application in HRSA EHB, the Authorizing Official (AO) and other application preparers must register in EHB. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information, and allow for the unique identification of each system user. Registration within HRSA EHB is required only once for each user. Registration within HRSA EHB is a two-step process:
1. Individuals who participate in the grants process create individual system accounts.
2. Individual users associate themselves with the appropriate grantee organization.

Once an individual is registered, the user can search for an existing organization using the **10-digit grant number** from the **Notice of Award** or the **EHB Tracking Number** provided via email within seven business days of successful Grants.gov submission. The organization's HRSA EHB record is created based on information provided in Grants.gov.

To complete the registration quickly and efficiently, HRSA recommends that applicants identify EHB roles for all participants in the grants management process. HRSA EHB offers three functional roles for individuals from applicant organizations:
- Authorizing Official (AO)
- Business Official (BO)
- Other Employee (for project directors, assistant staff, AO designees, and others)

For more information on functional responsibilities, refer to the HRSA EHB online help feature available at https://grants.hrsa.gov/webexternal/help/hlpTOC.asp. Please note that following registration, EHB users must complete a validation step before they can complete the application.

For assistance with HRSA EHB registration, refer to http://www.hrsa.gov/grants/apply or contact the HRSA Contact Center Monday through Friday, 9:00 AM to 5:30 PM ET (excluding federal holidays) at:
- 877-464-4772 (TTY for hearing impaired: 877-897-9910)
- CallCenter@hrsa.gov

For assistance with completing and submitting an application in HRSA EHB, contact the BPHC Helpline Monday through Friday, 8:30 AM to 5:30 PM ET (excluding federal holidays) at:
- 877-974-2742
- BPHCHelpline@hrsa.gov

Formal Submission of the Electronic Application
It is incumbent on applicants to ensure that the AOR is available to submit the application in Grants.gov and the AO is available to submit the application in HRSA EHB by the published due dates and times. HRSA will not accept submission or resubmission of incomplete, rejected, or otherwise delayed applications after the deadlines. Therefore, an organization is urged to submit an application in advance of the deadlines. If an application is rejected by Grants.gov due to errors, the application must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will **not** be provided to applicants who do not correct errors and resubmit before the posted deadlines. Please note that unlike Grants.gov, which allows for revision resubmission before the Grants.gov deadline, applicants will **not** be allowed to correct and resubmit applications in HRSA EHB.

If, for any reason, an application is submitted more than once prior to the application due dates, HRSA will only accept the applicant's last validated application submitted to Grants.gov prior to the Grants.gov due date and time, and the corresponding HRSA EHB submission (submitted prior to the EHB application due date and time), as the final and only acceptable application.

Tracking an application: It is incumbent on the applicant to track the application using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at https://apply07.grants.gov/apply/checkApplStatus.faces. **Be sure the application is validated by Grants.gov prior to the application deadline.**

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The required review criteria are outlined below with specific detail and scoring points.

The following six review criteria will be used to review and rank applications:

Criterion 1: NEED (15 points)
Information provided on need will serve as the basis for, and must align with, the proposed goals and T/TA activities described in the Project Work Plan.

1) The extent to which the applicant thoroughly describes the statewide/regional T/TA needs based on a current (or previous) T/TA needs assessment, as well as related Health Center Program reports (e.g., UDS reports, program requirement reports, annual PCA satisfaction survey results).

2) The extent to which the proposed short-term (first year) and long-term (remaining two years) T/TA activities are appropriate to address immediate, as well as projected needs of the state/region in the next three years.

3) The extent to which the applicant describes major gaps in primary health care services for the underserved and vulnerable populations in the state/region, to include barriers to health care access, and major statewide/regional health policy and marketplace conditions impacting existing and potential health centers and other safety-net providers. The quality of the applicant's description of the following:
   a. Health care environment (i.e., changes in insurance coverage, including Medicaid, Medicare, CHIP, and ACA Health Insurance Marketplaces; broad changes in state/local/private uncompensated care programs);
   b. Economic or demographic environment of the state/region (e.g., influx of new populations; closing of local hospitals, community health care providers, or major local employers; major emergencies such as hurricanes, flooding);
   c. Barriers to health care access, including the major gaps in primary health care services and/or any significant changes that impact special populations served by the state/region.

Criterion 2: RESPONSE (25 points)
The Project Work Plan should address ONLY activities to be supported under the HRSA PCA cooperative agreement. The applicant **must** submit a Project Work Plan for the first year, or budget period, within the requested project period (three years).

1) The quality and extent to which the applicant provides a comprehensive, reasonable, and attainable 12-month work plan that:
   a. Describes a sound T/TA approach that ensures success in achieving the PCA program requirements, as outlined in Section II: PCA Recipient Roles and Responsibilities. This includes outlining (1) statewide/regional T/TA activities (e.g., Program Requirements T/TA to improve program compliance and Performance Improvement T/TA to strengthen clinical and financial performance and enhance the operations of existing health centers) and (2) statewide/regional Program Assistance activities that align with statewide/regional and/or national priorities.
   b. Defines clear goals and T/TA activities that are relevant and meaningful to statewide/regional health center T/TA needs. The T/TA activities in the first year

align with long-term needs and facilitate the process of addressing the projected needs of the state/region in the next three years.
c. Based on the key factor analysis (i.e., contributing or restricting factors impacting performance), includes T/TA focus areas and major planned activities that are appropriate and likely to be effective in achieving the established goals and accomplishing the purpose of the cooperative agreement.
d. Documents reasonable benchmarks, measurable outcomes, milestones, and timeframes, and identifies the responsible parties to accomplish the goals of the project. The applicant provides a realistic timetable and work plan that outlines the extent to which they will be able to complete each activity within the first 12-month period as well as a description of how each activity will contribute to the overall goals and expected outcomes at the end of the three-year project period.

2) The extent to which the applicant details realistic internal and external challenges in implementing the work plan activities and feasible approaches to resolve such challenges. The extent to which the applicant will build on current strengths of the organization.

3) The comprehensiveness of the strategy proposed to deliver the T/TA activities (e.g., educational sessions, publications, webcasts) including a description of how T/TA activities will be made available and accessible (e.g., cost, location) to **all** existing health centers (i.e., Health Center Program grantees and look-alikes) within the state/region, regardless of PCA membership or HRSA grant status.

4) The appropriateness of the strategy proposed to address the unique T/TA needs of the following audiences:
a. Health centers receiving/seeking special populations funding (i.e., section 330(g) migratory and seasonal agricultural workers, section 330(h) health care for the homeless, and section 330(i) residents of public housing); and
b. Newly funded health centers (e.g., New Access Point New Starts)

Criterion 3: COLLABORATION (10 points)
1) The extent to which the applicant demonstrates its ability to succeed in collaborating and coordinating with other HRSA supported providers of T/TA (e.g., National Cooperative Agreement awardees, Primary Care Offices) and other state-based organizations (e.g., State Quality Improvement Organizations, Regional Extension Centers, State Offices of Rural Health, medical associations) to:
a. Maximize the effectiveness and impact of T/TA activities;
b. Form linkages among a diverse membership to strengthen the safety-net within the state/region; and
c. Assure access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

2) The extent to which letters of support, commitment, and/or investment provide strong evidence of the specific partnerships and working relationships with organizations across the state/region/nation that share similar missions and/or commitments to the underserved

and how these partnerships will integrate key stakeholders into decision making and help strengthen the applicant's ability to carry out their proposed T/TA activities.

Criterion 4: EVALUATIVE MEASURES/ IMPACT (15 points)
1) The strength of the plan for evaluating T/TA activities, including how the organization will integrate quantitative and qualitative data to:
   a. Measure progress toward goals;
   b. Assess whether the T/TA activities have a measureable and positive impact on the stated need; and
   c. Use the evaluation results to improve program performance.

2) The effectiveness of the strategy for dissemination of project results. The extent to which project results may be statewide/regional in scope, the degree to which the project activities are replicable, and the sustainability of the T/TA impact beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (25 points)
1) The extent to which the applicant provides a compelling justification of why they are an appropriate entity to receive funding by demonstrating experience and expertise in:
   a. Coordinating and providing health center T/TA activities of similar scope through past performance/accomplishments and/or lessons learned over the past two to three years.
   b. Identifying and responding rapidly to changes in the health care environment and within health centers in the state/region.
   c. Mobilizing resources across the state/region/nation to assure access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

2) The extent to which the applicant has adequate, appropriate, and effective infrastructure and capacity (i.e., systems, leadership, resources) to carry out cooperative agreement activities by demonstrating the following:
   a. Its organizational structure, including any contracts, is appropriate for the operational and oversight needs of the project. The summary of contracts and agreements indicate clear partnerships to achieve expected outcomes.
   b. Its proposed staffing plan is appropriate for the projected number of T/TA activities to be provided during the project period and clearly addresses its plan for recruiting and retaining staff as appropriate for achieving the proposed staffing plan. The key project staff, stakeholders, and partners are qualified and possess the experience and skills to successfully implement and evaluate the T/TA activities.
   c. The quality of the applicant's financial management and control policies and procedures.

3) The extent to which the applicant demonstrates its ability to assess T/TA needs/priorities and plan activities to address these needs effectively. As appropriate, the degree to which T/TA activities are undertaken collaboratively with other organizations to assure that the decision making process is inclusive and reflective of the various stakeholders'

issues and priorities. The applicant provides a comprehensive and effective strategy to regularly solicit input and respond to the unique needs of the targeted audience across the state/region.

4) If applicable, the degree to which a new applicant who is not currently receiving section 330(l) funding demonstrates that it will be operational within 30 days of the grant award and has the ability to successfully:
   a. Have appropriate staff in place; and
   b. Deliver T/TA services at the same or comparable level as is presently provided throughout the state/region.

Criterion 6: SUPPORT REQUESTED (10 points)
1) The degree to which the budget proposal (i.e., SF-424A and Budget Justification) is reasonable and consistent with the proposed T/TA service delivery plan and staffing plan.

2. Review and Selection Process

The HRSA Division of Independent Review is responsible for managing objective reviews. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee (e.g., geographic distribution). Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of April 1, 2014.

VI.   Award Administration Information

1. Award Notices

Each eligible applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Notification will be emailed to applicants via the EHB. Applicants who are selected for funding may be required to

respond in a satisfactory manner to conditions placed on their awards before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of April 1, 2014.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Standards for Financial Management
Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR 74.21 or 92.20, as applicable. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

HRSA funds must retain their award-specific identity—they may not be commingled with state funds or other Federal funds. ["Commingling funds" typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]

See "Financial Management" in the *HHS Grants Policy Statement* for additional information.

Non-Discrimination Requirements
To serve persons most in need and to comply with federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin, or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/ocr/civilrights/understanding/index.html. HHS

also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html to learn more about the Title VI requirement to take reasonable steps to provide meaningful access to persons with limited English proficiency.

Trafficking in Persons
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children.

Affordable Care Act Outreach and Education
It is important to note that a healthier country is one in which more Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. Insurance coverage is strongly related to better health outcomes for both children and adults. Access to insurance improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care.

The Affordable Care Act (ACA), the health care law of 2010, creates new state-based marketplaces, also known as exchanges, to offer millions of Americans new access to affordable health insurance coverage. Individuals with incomes between 100 to 400 percent Federal Poverty Level (FPL) may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in a qualified health insurance plan and paying for coverage of essential health benefits. In states that choose to participate in the ACA expansion of Medicaid to non-disabled adults with incomes of up to 133 percent of FPL, this provision will provide new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Outreach efforts would ensure that families and communities understand these new developments and would provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible during the transition and beyond. You are encouraged to share information with your beneficiaries about these options and to assist them, to the extent it

is an appropriate activity under your grant, in enrolling in available insurance plans or in finding other available sources of payment for the services you provide.

For more information on the marketplaces and the health care law, visit http://www.healthcare.gov.

Cultural and Linguistic Competence
HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA supported entities respect and respond to the cultural diversity of communities, clients, and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. Additional cultural competency and health literacy tools, resources, and definitions are available online at http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

Healthy People 2020
Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at http://www.healthypeople.gov/.

National HIV/AIDS Strategy (NHAS)
The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and optimizing health outcomes for people living with HIV; and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people

who have less access to prevention, care, and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally approved guidelines for HIV Prevention and Treatment (see http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas.

Health IT
Health information technology (Health IT) provides the basis for improving the overall quality, safety, and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient, and cost effective for all Americans. HIT resources can be found at http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home.

Related Health IT Resources:
- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

Integrating Primary Care and Public Health
Integrating primary care and public health links people, policy, programs, and activities to increase efficiency and effectiveness and ultimately improve population health. Both primary care and public health emphasize prevention as a key driver of better health, and integration of the two fields can transform our focus on disease and treatment to health and wellness, as well as maximize our health care system investment. Integration occurs on a continuum and includes mutual awareness, cooperation, collaboration, and partnership. Successful integration requires primary care and public health to work together along this continuum and address social and environmental determinants of health, engage communities, align leadership, develop the healthcare workforce, sustain systems, and share and collaborate on the use of data and analysis – all with an eye toward achieving a shared goal of population health improvement. Integration of primary care and public health is a major focus for HRSA and HHS, and, to the extent possible, applicants should consider ways to integrate primary care and public health in the activities they pursue. More information can be found at http://www.hrsa.gov/publichealth.

3. Reporting
Successful applicants must comply with the following reporting and review activities:

   a. **Audit Requirements**
      Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found

at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**
Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to http://www.dpm.psc.gov for additional information.

c. **Status Reports**
   1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule: http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

   2) **Final Report.** A final report is due within 90 days after the project period ends, if the awardee is not funded for a new project period. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal, and strategies outlined in the program; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

   3) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally owned property and acquired equipment with an acquisition cost of $5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally owned property consists of items that were furnished by the Federal government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

d. **Transparency Act Reporting Requirements**
New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. IMPORTANT: The reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g.,

Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html).

VII. Agency Contacts

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Beth Levitz
Public Health Analyst
HRSA Bureau of Primary Health Care
Office of Policy and Program Development
(301) 594-4300 or BPHCPCA@hrsa.gov

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Vera Windham
Grants Management Specialist
HRSA Division of Grants Management Operations
Office of Federal Assistance Management
(301) 443-6859 or vwindham@hrsa.gov

Applicants may need assistance when completing their applications electronically. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays:

Grants.gov Contact Center
1-800-518-4726 (International Callers, please dial 606-545-5035)
support@grants.gov
http://grants.gov/iportal

Note: Applicants should always obtain a case number when calling Grants.gov for support.

For assistance with submitting the remaining information in HRSA EHB, contact HRSA's Bureau of Primary Health Care Helpline, Monday through Friday, 8:30 AM to 5:30 PM ET, excluding federal holidays:

BPHC Helpline
877-974-2742
BPHCHelpline@hrsa.gov

VIII. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: http://www.hrsa.gov/grants/apply/index.html.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html.

APPENDIX A: PROGRAM SPECIFIC FORM INSTRUCTIONS

Detailed instructions and technical assistance for the electronic submission of the following forms is available in the EHB PCA Quick Reference Sheet, posted on the PCA TA web site (http://www.hrsa.gov/grants/apply/assistance/pca).

PLEASE NOTE: *Shaded areas of the Program Specific Forms represent fields that are not applicable to the PCA application.*

- **FORM 1A: General Information Worksheet**
  This form provides a concise summary of information that is expected to be consistent with the budget, narrative, work plan, and any other attachments. The following instructions are intended to clarify the information to be reported in each section of the form:

  Section 1: Applicant Information
  Complete all relevant information that is not pre-populated.

  Section 2: State/Regional Information
  Identify the state or region that you plan to serve. To select multiple states or territories, hold down the control key "Ctrl" while clicking on names of the states or territories.

- **PROJECT WORK PLAN FORM**
  The Project Work Plan outlines the goals and T/TA activities related to the PCA project. The work plan goals and activities are expected to be specific to the training and technical assistance activities identified in the application. Refer to Appendix B for detailed guidance on completing the Project Work Plan Form. A sample Project Work Plan is provided on the PCA TA web site.

APPENDIX B: PROJECT WORK PLAN INSTRUCTIONS

Overview

As described in section 330(l), the recipient organization is expected to use PCA funds to provide training and technical assistance (T/TA) to potential and existing health centers. A list of required PCA T/TA focus areas and performance measures are provided in Section II of the FOA, under PCA Recipient Roles and Responsibilities. The PCA Project Work Plan is expected to detail the T/TA activities to be conducted over the first 12-month budget period. Applicants may identify additional focus areas beyond those listed.

The Project Work Plan is a structured document that will be completed electronically in the HRSA EHB system. Refer to the EHB PCA Quick Reference Sheet on the PCA TA web site for step-by-step instructions on how to complete the form online.

New Applicants

EHB will present a blank FY 2014 Project Work Plan to enter activities for the first year of the three-year project period. The Project Work Plan will contain all of the fields described in Table 5, except the Progress field. A sample Project Work Plan is available on the PCA TA web site.

Current PCA Recipients

Current PCA recipients will complete two Project Work Plans:

- Report progress in a FY 2013 Project Work Plan Progress Report, which is pre-populated with information entered in the FY 2013 non-competing continuation (NCC). All fields in this form will be locked except the Progress field to facilitate reporting progress on the work plan since April 1, 2013.
- Complete an FY 2014 Project Work Plan by revising an unlocked version of the FY 2013 Project Work Plan to focus on activities planned for FY 2014.

Completing the Project Work Plan and Reporting Progress

Use the table below along with the EHB PCA Quick Reference Sheet available at http://www.hrsa.gov/grants/apply/assistance/pca to complete the FY 2014 Project Work Plan, as well as report progress on the current FY 2013 Project Work Plan, if applicable.

Table 5: Project Work Plan Fields

Field	About this Field
Goal	This field contains the standard goals.
Projected Goal Percentage	Enter the percentage goal for each performance measure based on predicted statewide/regional change by the end of the project period.

Field	About this Field
Key Factors	Enter the key factors predicted to contribute to and restrict progress toward reaching the performance measure goals (limit 500 characters). A minimum of 3 and a maximum of 5 key factors may be included for each goal. Key Factors should be based on data from the HRSA program reports (e.g., UDS reports, program requirement reports) and annual T/TA needs assessments. At least 1 restricting and 1 contributing key factor must be identified.
T/TA Focus Areas	Enter the T/TA focus areas based on the key factor(s): • Section A (Health Center Program Requirements): Address at least 3 Focus Areas. • Section B (Health Center Performance Improvement): Address the required Clinical and Financial Performance Improvement Focus Areas. • Section C (Statewide/Regional Program Assistance): Address all Focus Areas. A maximum of 2 additional (other) focus areas may be added for each goal. Note: The additional focus area(s) will not count toward the required number in each section (limit 200 characters).
Activity	Identify the major T/TA activities to reflect activities planned for the first year of the proposed project period of April 1, 2014 through March 31, 2015 (limit 200 characters). At least 2 activities must be listed for each focus area, with a maximum of 5 per area. Within each activity, identify at least 1 person/area responsible, time frame, and expected outcome.
Person/Area Responsible	Identify at least 1 person/position (maximum of 5) that will be responsible and accountable for carrying out each activity (limit 500 characters).
Time Frame	Identify at least 1 expected time frame (maximum of 5) for carrying out each activity (limit 500 characters).
Expected Outcome	Identify anticipated results of the proposed activities (i.e., quantifiable results). Describe what you hope to accomplish, such as the number of health centers you will train (limit 1,000 characters). Identify at least 1 outcome for each activity (maximum of 5).

Field	About this Field
Comments	Provide supplementary information related to entries in the project work plan, as desired. **This field can be left blank.**
Progress	Provide a progress description for each activity (limit 1,000 characters). **This is a required field in the FY 2013 Project Work Plan Progress Report. If there has been no progress to date, note this and provide a brief explanation as to why progress has not been made. This field will not be present on the FY 2014 Project Work Plan form.**

As a reminder, the table below summarizes the minimum and maximum number of key components required in the Project Work Plan.

Table 6: Project Work Plan Summary

Project Work Plan Key Components	Section A		Section B (Clinical)		Section B (Financial)		Section C		Character Limit
	Min	Max	Min	Max	Min	Max	Min	Max	
Goal	1	1	2	2	2	2	N/A	N/A	N/A
Key Factor	3	5	3	5	3	5	N/A	N/A	500
T/TA Focus Area	3	5	1	3	1	3	7	9	200
Activity	2	5	2	5	2	5	2	5	200
Person/Area Responsible	1	5	1	5	1	5	1	5	500
Time Frame	1	5	1	5	1	5	1	5	500
Expected Outcome	1	5	1	5	1	5	1	5	1,000
Comments	This is an optional field and can be left blank.								2,500
Progress	This is a required field for only the FY 2013 Project Work Plan Progress Report.								1,000